

# **Correctional Officer**

## **MAINE STATE PRISON**

(Warren, Maine)

## **MAINE CORRECTIONAL CENTER**

(Windham, Maine)

Date Issued: November 23, 2010

Pay Grade: 16

Job Class Code: 5207

Date Closed to Application: Until Closed

Bargaining Unit: I – Institutional Services

Salary: \$13.57-17.63/hr. In addition, there is a direct care stipend of \$1.00/hr. as well as weekend and shift differentials

Value of State Paid Dental Insurance: \$13.42 bi-weekly

\*Value of State-paid Health Insurance

Level 1:	95% State Contribution (employee pays 5%):	\$345.58 biweekly
Level 2:	90% State Contribution (employee pays 10%):	\$327.39 biweekly
Level 3:	85% State Contribution (employee pays 15%):	\$309.20 biweekly

\* The level of the actual value of state paid Health Insurance will be based on the employee's wage rate and status with regard to the health credit premium program as of July 1, 2010.

**Value of State's share of Employee's Retirement: 21.29%**

**DESCRIPTION:** As a Correctional Officer, your work will involve the custody, security, discipline, treatment, and rehabilitation of persons committed to the Maine Correctional Center in Windham or the Maine State Prison in Warren. This includes monitoring prisoner behavior, directing and overseeing prisoner activities, participating in the development and implementation of treatment strategies, integrating daily activities with treatment goals, enforcing prisoner discipline, and writing incident reports. There are Correctional Officer options, examples include: Cook, Trades Instructor, Retail Store, Supplies. These are recruited for separately and have specific qualifications related to those specialties.

**In order to be successful in this field, you will need to have knowledge in areas such as:**

- prisoner motivation and psychology.
- problems associated with institutional life.
- prisoner rehabilitation and treatment programs.
- correctional institution rules, regulations, policies, and procedures.

**As well, you must have the ability to:**

- understand and follow instructions.
- interpret and enforce correctional center rules, regulations, policies, practices, and procedures.
- do strenuous activities such as climbing stairs and/or escorting unruly inmates.
- stand for long periods of time.
- communicate effectively with prisoners and coworkers.
- handle critical situations.
- read and perform basic math functions.
- observe situations and behavior in detail.
- make decisions and act quickly in emergency and dangerous situations.
- model appropriate behavior, attitude, ethics, and morals.
- utilize standard desktop computer programs.

**MINIMUM QUALIFICATIONS:** Graduation from high school or equivalent. Upon hire, you must complete and pass the Basic Corrections Training Course and you must have a valid Maine driver's license or being able to obtain one.

**HOW TO APPLY:** Please submit a direct hire application (also available at Career Centers) to

**Maine Correctional Center**

17 Mallison Falls Road

Windham, ME 04062

Contact Person: Bradley Fogg

Telephone :( 207)893-7050 E-Mail: [mcc.jobs@maine.gov](mailto:mcc.jobs@maine.gov)

**Maine State Prison**

807 Cushing Road

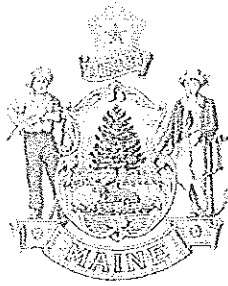
Warren, ME 04864

Contact Person: Robert McGorty

Telephone:(207)273-5340 E-Mail: [msp.personnel@maine.gov](mailto:msp.personnel@maine.gov)

Note: you must fill out **two separate** applications if you would like to apply to both MCC and MSP.

An Equal Opportunity/ Affirmative Action Employer  
Women and Minorities Encouraged to Apply



## Maine Correctional Center

Personnel Office, D.A.F.S. Corrections Service Center  
17 Mallison Falls Road, Windham, ME 04062

Dear Applicant,

Thank you for expressing an interest in working as a Correctional Officer at the Maine Correctional Center in Windham, Maine. The facility has been serving the People of Maine since April 1919 and was Maine's first state correctional facility to receive accreditation from the American Correctional Association.

We want to make sure that you have an accurate understanding of the Correctional Officer job before you proceed further with the application. It involves direct supervision of persons convicted of crimes and sentenced to a state correctional facility. You will be working with and directly supervising prisoners in their housing areas, program areas and work areas; monitoring their behavior, communicating and writing reports for treatment teams, advising prisoners on facility rules, regulations, standards, actions, and maintaining order and security as well as participating in the rehabilitative process.

In this package you will find:

- State of Maine Direct Hire Application
- Supplemental questionnaire, required as part of the application and allows the Department to conduct a thorough background check
- Medical authorization
- Physical agility test required of a Correctional Officer at Maine Correctional Center
- Reference Forms, which you need to complete and sign thereof them so we can obtain valid references

It is important that all job information you provide is true and accurate without omissions that could impact your suitability for this job.

Please make sure that the contact information you give on this application is up to date.

Should you have any questions do not hesitate to contact us at:  
e-mail: [mcc.jobs@maine.gov](mailto:mcc.jobs@maine.gov) Phone: 207-893-7050

Bradley J. Fogg  
Personnel Officer  
Maine Correctional Center

BACKGROUND CHECK FOR EMPLOYMENT IN THE MAINE DEPARTMENT OF  
CORRECTIONS

*Maine Correctional Center – Correctional Officer*

IN ORDER TO PROCESS YOUR APPLICATION FOR A POSITION AT THIS FACILITY, THE MAINE DEPARTMENT OF CORRECTIONS CONDUCTS A BACKGROUND CHECK WHICH INCLUDES THE FOLLOWING:

- Department of Corrections records
- Motor Vehicle records
- Law enforcement records
- Maine State Bureau of Identification
- Federal Bureau of Identification

ANY CRIMINAL CONVICTION AND/OR JUVENILE ADJUDICATION MAY DISQUALIFY YOU FROM CONSIDERATION FOR THIS *POSITION*.

This includes motor vehicle violations that constitute crimes including OUIs/DWIs/OAs committed as an Adult and/or as a Juvenile.

HAVE YOU EVER BEEN CONVICTED OR ADJUDICATED OF ANY  
JUVENILE or ADULT CRIME?

This includes crimes or juvenile crimes or their equivalent in any jurisdiction including federal, military, tribal, and other states or countries.

**NO:** \_\_\_\_\_ **If YES, please explain on a separate piece of paper:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Failure to disclose any of the above may be cause for disqualification and/or termination of your employment.

STATEMENT OF APPLICANT

I understand the following information will be utilized solely for the purpose of obtaining a background check as described above.

CORRECTIONS OFFICER

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/specify State

**SUPPLEMENTAL QUESTIONS**  
*Maine Correctional Center*

Please take the time to thoroughly explain your responses to the following questions.

1. Why do you want to work *at the Maine Correctional Center*?
2. Do you have a career goal(s) in the corrections field?
3. Please tell us about any experience you have interacting with *juveniles/prisoners/or anyone else* which might enhance your performance as a *position*.
4. Would you have a problem dealing with any particular type of offender?
5. Is there any part of this job, as you understand it, which you might be unwilling to do?
6. Do you know anyone who is a current or former prisoner/juvenile resident/probationer/or otherwise been in the custody or under the supervision of the Maine Department of Corrections?
7. Have you ever been a supervisor? When? Where? Explain what you did.
8. How did you hear about this position?
9. When are you available to begin?
10. *If this is an adult facility position:* Do you have experience using firearms?

11. Please list all other names you have ever used.

1. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
5. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

12. Please list your residences for the past 10 years.

- 1 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- 2 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- 3 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- 4 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
- 5 \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

13. Can you perform the duties of this position, with or without accommodation?

MEDICAL AUTHORIZATION FOR

*Maine Correctional Center*

PHYSICAL APTITUDE TEST

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Last Name

First Name

Middle Name

Date of Birth

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Address (Number, Street or RFD, City or Town, State and Zip Code)

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This person is being considered for a line staff security position with *the Maine Correctional Center*. One of the phases of examination for this position is a Physical Aptitude Test. Enclosed is a description of the testing process to aid you in an appropriate physical examination, which is required to determine if this applicant can safely participate in this strenuous physical exertion. If you feel that any of the duties may not be fully performed by the applicant, please specify below.

**The individual examined must pay the fee for your examination.**

**The examining physician should answer the following question by circling the appropriate response:**

**Is this person qualified to perform the physical test, which includes strenuous physical exertion such as running, lifting, bending carrying and stair climbing.**                      Yes  
No

NOTE: If the answer is negative, please explain reasons and restrictions:

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Printed Name of Examining Physician and Address

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Signature of Examining Physician

Date

PHYSICAL APTITUDE TEST  
*Maine Correctional Center*  
*Correctional Officer*

Justification: *Correctional Officers* are expected, as part of routine, to respond to emergency situations within the facility in an alert and appropriate fashion. In responding to a given situation it may be necessary to carry and operate fire retardant equipment and remove individuals from areas within the physical structure of the facility.

The following test has been devised to test applicants in their ability to follow instructions, alertness and ability to act quickly in an emergency and ability to perform various strenuous duties.

Considerations: Ability to follow instructions, coordination, alertness, strength and dexterity.

Test Area: The test will be administered in the *Maine Correctional Center*.

Equipment Required: Applicant is advised to bring a pair of sneakers or soft-soled shoes and to wear loose, casual clothing.

Explanation/Instruction: The applicant will be instructed in the usage of the keys and will be verbally instructed as to the test route, techniques for maneuvering the duffel and fire extinguisher, and approximate time the test should take (3 minutes maximum). The applicant will be given the opportunity to walk through the test route as outline below.

Simulated Rescue - Description

1. Test begins at the foot of the gymnasium stairs
2. Applicant is given the three keys
3. the word "fire" is called out
4. The applicant picks up the fire extinguisher, ascends the stairs, unlocks the '65 gate, goes through the door, locks the gate and proceeds down the hall to the control lobby.
5. The applicant descends the lobby stairs and proceeds to the two metal doors leading into the gymnasium (22 door)
6. The applicant unlocks the '22' door and goes through the door. The door shuts automatically and relocks the door.
7. The applicant unlocks the gymnasium gate (65 key), enters the gymnasium with the fire extinguisher and relocks the gate.
8. The applicant puts down the fire extinguisher
9. The applicant then picks up and carries, or grabs and drags the Rescue Dummy to the center circle and back to the end line (approximately 90 feet).
10. Upon the rescue dummy return, the applicant picks up the fire extinguisher and returns it to the test starting point.
11. The test is complete

This test may be modified in certain areas such as specific route, direction or locking mechanisms, but will contain the same essential requirements of running and strenuous exertion.



## REFERENCE INQUIRY FORM

Maine Correctional Center

17 Mallison Falls Road Windham, ME 04062

Please complete 3 copies of this form with your three (3) recent work references.

### Applicant's Section:

Your Printed Name: \_\_\_\_\_

Position Applied For: Corrections Officer

List the Work Reference we should send this form to:

Name/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position There: \_\_\_\_\_

I AUTHORIZE THE RELEASE OF THE INFORMATION REQUESTED BELOW TO THE Human Resources Office at *facility*.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Employer's Section:

The person above has applied for a position on our staff. We would appreciate your response within ten days with your frank rating of the applicant's performance. All information furnished by you will be considered confidential.

Thank you.

Bradley Fogg, Personnel Officer

Are employment dates correct? If not, please list: From \_\_\_\_\_ To \_\_\_\_\_

Type of job (classification) \_\_\_\_\_

	Excellent	Above Average	Average	Below Average	Poor
Knowledge of job:	[ ]	[ ]	[ ]	[ ]	[ ]
Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's attendance record:	[ ]	[ ]	[ ]	[ ]	[ ]
Applicant's services in general:	[ ]	[ ]	[ ]	[ ]	[ ]
Did applicant follow instructions as given:			Yes [ ]		No [ ]
Did applicant work in harmony with fellow employees:			Yes [ ]		No [ ]
Would you recommend applicant to us for employment:			Yes [ ]		No [ ]

Wages: \$ \_\_\_\_\_ per hour [ ] day [ ] week [ ] month [ ]

Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason:

Comments: \_\_\_\_\_

\_\_\_\_\_  
Completed by:

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

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Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
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Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Dependability:	[ ]	[ ]	[ ]	[ ]	[ ]
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Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

If not, please list reason:

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

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Quality of work:	[ ]	[ ]	[ ]	[ ]	[ ]
Quantity of work:	[ ]	[ ]	[ ]	[ ]	[ ]
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Reason for leaving: laid off [ ] discharged [ ] resigned [ ]

Is applicant eligible for rehire: Yes [ ] No [ ]

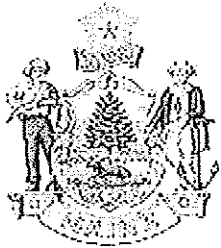
If not, please list reason: \_\_\_\_\_

Comments: \_\_\_\_\_

Completed by: \_\_\_\_\_

Signature and Title \_\_\_\_\_

Date \_\_\_\_\_



State of Maine  
(An Equal Opportunity Employer)

Employment Application  
(revised February 2011)

Return this appli  
to:  
Personnel Offi  
Maine Correction  
17 Mallison Fal  
Windham, ME 0

Last Name	First Name	M.I.	Social Secur Number
-----------	------------	------	------------------------

Have you ever worked, attained licensing or certification, attended school or been convicted of a criminal offense u  
different name?

☐ Yes ☐ No If so, what is that name?

Name #1	Name #2
Name #3	Name #4

Mailing Address	Town	State	ZIP
-----------------	------	-------	-----

Home Phone #	Work Phone #	Email Address
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Title of the Job You're Applying For CORRECTIONAL OFFICER	Job Class C 5207
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**Veteran's Preference:** See pamphlet "Veteran's Preference in Maine State Service" or go to  
[www.maine.gov/state/jobs/veteran.htm](http://www.maine.gov/state/jobs/veteran.htm) for more information. Provide DD214 and disability forms if applicable.

- ☐ Not Claimed  
☐ 5 Points (Requires DD214)  
☐ 10 Points (Requires DD214 and VA Statement of Disability)

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligi  
employment. Can you, after employment, submit verification of your legal right to work in the United S  
☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Are you a present or former Maine State employee? ☐ Yes ☐ No

Department	Job Title	Begin Date	End Date
------------	-----------	------------	----------

Are you willing to work: ☐ Saturdays ☐ Sundays ☐ Holidays

Do you have a current Maine driver's license? ☐ Yes ☐ No

If yes, what type? ☐ Class A ☐ Class B ☐ Class C

Are you willing to travel on the job? ☐ Yes ☐ No

If yes, are you willing to use your own vehicle? ☐ Yes ☐ No

Are you willing to work overtime? ☐ Yes ☐ No What shifts are you willing to work? ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ :

**ADMINISTRATIVE SKILLS** (subject to formal testing and work sampling) WORDS PER MINUTE

Typewriter: Keyboarding:

**FOREIGN LANGUAGE SKILLS**

Language \_\_\_\_\_ Speak ☐ Read ☐ Write ☐

Language \_\_\_\_\_

Speak ☐Read ☐Write ☐**Geographic Preference**

Candidates are asked to specify the geographic areas of the State in which they will accept employment by complete form below. You may select or change the conditions of your referral by checking the appropriate boxes. Mark the area(s) and condition(s) of employment suitable to you. If you do not select any areas, the bureau will automatically refer your name for all counties and employment types.

F = Full Time

P = Part Time

T = Temporary

S=Seasonal

		F	P	T	S			F	P	T	S			F	P
0	All Counties					21	Hancock					42	Piscataquis		
1	Androscoggin					22	Bar Harbor					43	Dover-Foxcroft		
2	Lewiston					23	Bucksport					44	Greenville		
3	Livermore					24	Ellsworth					45	Sagadahoc		
4	Aroostook					25	Kennebec					46	Bath		
5	Ashland					26	Augusta					48	Somerset		
6	Caribou					27	Augusta-RPC					49	Skowhegan		
7	Fort Kent					28	Waterville					50	Waldo		
8	Houlton					29	Knox					51	Belfast		
9	Madawaska					30	Rockland					52	Washington		
10	Presque Isle					31	Thomaston					53	Bucks Harbor		
11	Van Buren					32	Lincoln					54	Calais		
12	Cumberland					33	Boothbay					55	Eastport		
13	Portland					34	Oxford					56	Machias		
14	Brunswick					35	Norway					57	York		
16	South Portland					36	Rumford					58	Biddeford		
17	Windham MCC	X				37	Penobscot					59	Kittery		
18	Franklin					38	Bangor					60	Saco		
19	Farmington					39	Bangor BMHI					61	Sanford		
20	Rangeley					40	Charleston								
						41	Millinocket								

**Education (Please include copies of diploma/degree/or transcripts)**

Last Yr Completed	Name and Location	Sem Hrs	Qtr Hrs	Major	Minor	Yr Of Deg	De T
High School 1 2 3 4							
College or University 1 2 3 4							
Grad School 1 2 3 4							
Prof School 1 2 3 4							
Other 1 2 3 4							

**Licenses, Certifications and Registrations (INCLUDE COPIES)**

Name of License, Registration or Certification	License Number	State of Issue	Expiration Date

**Important instructions for Completing Employment History**

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION WILL BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Part or all of your examination score may be based on your work history. Be thorough and specific in the detailing of duties. SPECIAL NOTE: If additional space is needed, attach separate sheets.

<b>Employer #1</b>	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	

Reason for Leaving: \_\_\_\_\_

<b>Employer #2</b>	From (mm/yy): _____ To (mm/yy): _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	

<b>Employer #3</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #4</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #5</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #6</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	



<b>Employer #7</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #8</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #9</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	
<b>Employer #10</b>	From (mm/yy): _____ To (mm/yy): _____ _____ - _____
Complete Address and phone number:	Last Weekly Pay \$ _____
Your Title:	Hours/Week: _____
Number & Titles of Employees You Supervised:	Supervisor's Name & Title: _____
Duties:          	

**The State of Maine conducts background checks.**

Have you ever been convicted of any violation of law by any court of law? Include any guilty pleas entered in military courts martial, traffic violation convictions for Operating Under the Influence (OUI), or traffic violations that resulted in your license being suspended. Do not include here any juvenile adjudications or traffic violations not listed above. Some positions require disclosure of juvenile adjudications. Applicants for these positions will be required to disclose juvenile adjudications on a supplemental form provided for that purpose.

Please print your answer (either "Yes" or "No") in the space provided: \_\_\_\_\_

If yes, please list: Offense(s)

Date of Conviction(s)

_____	_____
_____	_____
_____	_____
_____	_____

Not all conviction(s) or adjudication(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information may result in employment ineligibility.

**Please read and sign the following statement:** I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show falsification, I will not be considered for employment or, if employed, I may be dismissed. I hereby authorize the State of Maine, the Department of Administrative and Financial Services, Bureau of Human Resources and agencies to whom my name is certified/referred to make all necessary investigations concerning me, my values, habits, character, or my action in any transaction. I authorize the State of Maine to check my driving record if the position for which I am applying requires driving. I understand that I may be asked to submit to a pre-employment drug test, a credit history check and/or a criminal history background check as a condition of employment. I authorize the Bureau of Human Resources to assignee to receive and make available to other state agencies my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as reference, educational institution or organization (including law enforcement agencies) to provide all information that may be sought in connection with my application. I understand and agree that I will be required to ratify the information contained in this application by signature as a condition of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Human Resources Use Only**

**State of Maine**

Review	Initials	Date	<input type="checkbox"/> Closing Date		Date Sent:	
1			<input type="checkbox"/> Supplemental Questions		Date Due:	
2			<input type="checkbox"/> Qualified			<input type="checkbox"/> Not Qualified
3			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Conditionally Qualified			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reason
Exam Components		%	Date	Results	Record	Comments
MERS						
T & E						
Written						
PAT						
Oral						Convert Score From
Service Rating						
1 Performance						
2 Performance						

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**AGENCY PERSONNEL USE ONLY**

Minimum Qualifications <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Date	Rater's Name
Testing Record		Results	
Hired in Classification Title	Agency	Effective Date	Position Number

Entry control Label

# **APPLICANT INFORMATION SURVEY**

**INSTRUCTIONS TO THE APPLICANT:** The State of Maine is an Equal Opportunity Employer. The information solicited on this page is being compiled by the Maine Bureau of Human Resources to comply with Federal record-keeping regulations and EEO/Affirmative Action requirements. You are **not required** to furnish this information, but your cooperation is encouraged. The information on this form is **CONFIDENTIAL**. The page will be removed from your application prior to review and destroyed after data compilation.

## **RACIAL/ETHNIC DEFINITIONS**

0. **WHITE** (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1. **BLACK** (not Hispanic Origin): All persons having origins in any of the Black racial groups of Africa.

2. **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

3. **ASIAN OR PACIFIC ISLANDERS**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

4. **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

6. **OTHER**

☐ 1. I have read the paragraph above and do not wish to provide the information.

-- 2. Enter your date of birth  
(month) (day) (year)

☐ 3. Enter your racial/ethnic group code number (refer to definitions at left)

☐ 4. What is your sex? A. Female B. Male

## **DEFINITIONS OF VETERANS SUBJECT TO EEO/AFFIRMATIVE ACTION REGULATIONS:**

(The requirements are different from State Veterans Preference)  
**VIETNAM ERA VETERAN**: One who served on active duty for more than 90 days, any part of which occurred between August 5, 1964 and July 7, 1975 and was discharged or released other than a dishonorable discharge, or was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and July 7, 1975.

**DISABLED VETERAN**: A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per cent or more, or a person whose release from active duty was for a disability incurred or aggravated in the line of duty.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

☐ 5. Vietnam Era Veteran

☐ 6. Disabled Veteran

## **DEFINITION FOR DISABILITY**

Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment has a disability under the Americans With Disabilities Act. Major life activities include: walking, seeing, hearing, learning, self-care, speaking, lifting, reaching, thinking performing manual tasks, breathing, working and interacting with others.

**PLEASE PLACE AN X IN ALL BOXES WHICH APPLY TO YOU (refer to definitions at left)**

☐ 7. Have a disability as defined

☐ 8. Interview accommodations may be necessary due to a disability